

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**Postmark Date: 5-5-99

L Supp

99 MAY 7 PM 2:55

1990967

#31752  
\$10.00  
KSDETHICS  
COMMISSION  
NEW ORLEANS1. NAME Fontana Wayne J.  
Last First MI2. BUSINESS PHONE (504) 566-18013. BUSINESS ADDRESS 730 Camp St. N.O. LA 70130  
Street and No. City State Zip4. EMPLOYER Courtenay, Forstall, Hunter & Fontana5. EMPLOYER'S ADDRESS 730 Camp St. N.O. LA 70130  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes      No ✓

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Downtown Development District  
Address 601 Poydras St., Suite 2215, N.O., LA 70130-6019  
Business or purpose taxing authority dedicated to the improvement of downtown New Orleans  
☒ New Representation  
Does this person pay you? yes  
If No, who pays you?

- ☐ Terminated Representation as of

SUPPLEMENTAL REGISTRATION FORM

460
Lobbyist's Registration Number

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

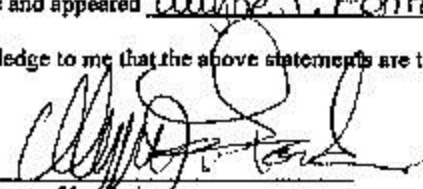
If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

State of Louisiana

Parish of Orleans

Before me, the undersigned authority, personally came and appeared Wayne T. Fontana, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

  
Signature of Lobbyist

Sworn to and subscribed before me on this 29<sup>th</sup> day of April, 19 99.

  
Notary Public